

# WEBB COUNTY SICK LEAVE POOL APPLICATION 2009- 2010

(All shaded areas are required)

Name \_\_\_\_\_ Department \_\_\_\_\_

Home Address \_\_\_\_\_

DOB \_\_\_\_\_ Employee ID # \_\_\_\_\_ S.S # (Last 4 Digits) \_\_\_\_\_

No. and Street Name City State Zip

## CONTRIBUTION TO SICK LEAVE POOL

The Sick Leave Pool is the only allowable way that sick leave can be transferred from one County employee to another.

The Sick Leave Pool can provide eligible employees with additional sick leave in times of catastrophic illness. You must contribute hours this year to be eligible to apply for hours if you need them next fiscal year. If you do not contribute, you will not be eligible to apply.

You must have 12 months or more of service with Webb County to make a request to receive hours. There is no length-of-service requirement to contribute.

Employees may contribute not less than one day (8 hours) or not more than five sick leave days (40 hours) during a fiscal year.

I, \_\_\_\_\_, wish to participate in the Sick Leave Pool for Fiscal Year 2009-2010.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Total number sick leave hours accrued: \_\_\_\_\_

Total number sick leave hours contributed: \_\_\_\_\_

Total number sick leave hours balance: \_\_\_\_\_

I, \_\_\_\_\_, DO NOT Wish to participate in the Sick Leave Pool for Fiscal Year 2009-2010.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Attendance Record Attached (Attendance record reflecting SLP deduction required to process)

Verified by (Signature and Title) \_\_\_\_\_

Date \_\_\_\_\_